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Α **Cross-Sectional** Study on Contraceptive Knowledge, Attitudes among Women in the **Reproductive Age Groups**

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Abstract

There is increasing recognition that negative perceptions toward the safety and acceptability of contraception is widespread and represent a significant barrier to contraceptive use among women who want to avoid or delay pregnancy. It is estimated globally that 20% of overall maternal deaths and 90% of maternal deaths because of unsafe abortions can be prevented with proper use of contraception. This is a cross-sectional study conducted at department of OBG at Vani Vilas Hospital, attached to Bangalore medical college and research institute, a tertiary care center. After obtaining approval and clearance from institutional ethical committee and written informed consent. The patient fulfilling the inclusion criteria will be enrolled for the study. The questionnaire elicited information regarding their demographic details and source of contraception. 84.8% of the women had heard of birth contraceptives and 79.2% had used a method of contraception. Majority of the women learnt about the family planning method through family and friends (75.6%). Majority of the women were getting current family planning services from government health facility (58.4%). The visit of family planning centre was only once per month for 88.4% of the women, 1 to 3 times per month for 10.8% of the women and >3 times per month or 0.8% of the women.

INTRODUCTION

Contraceptive use affords numerous health, social, and economic benefits. Many women who wish to avoid a pregnancy, however, are not using contraception. There is increasing recognition that negative perceptions toward the safety and acceptability of contraception is widespread and represent a significant barrier to contraceptive use among women who want to avoid or delay pregnancy. It is estimated globally that 20% of overall maternal deaths and 90% of maternal deaths because of unsafe abortions can be prevented with proper use of contraception. According to NFHS 5 survey, current use of any family method among married women is 66.7% and total unmet need is 9.4% and health worker ever talked to female non-user about family planning is 23.9%^[1].

In 1950, the government of India had launched a family welfare program. India has people with multilinguistic, multireligious and multiethnicity and therefore the different levels of awareness and acceptance of methods of family planning^[2].

Knowledge plays an important role in accepting new ideas and thus the positive attitude towards it and hence acceptance in practice.

This cross-sectional study delves into the intricate dynamics of contraceptive knowledge, attitudes, among women in reproductive age groups. By examining these three interconnected aspects, we aim to illuminate the prevailing landscape of contraceptive use, shed light on existing gaps in knowledge and attitudes and identify factors that influence contraceptive decision-making among women.

MATERIALS AND METHODS

This is a cross-sectional study conducted at department of OBG at Vani Vilas Hospital, attached to Bangalore medical college and research institute, a tertiary care center. After obtaining approval and clearance from institutional ethical committee and written informed consent. The patient fulfilling the inclusion criteria will be enrolled for the study. The questionnaire elicited information regarding their demographic details, knowledge and source of contraception. The attitude of female towards contraception and practice of contraception in reproductive age women. Patients are questioned regarding the knowledge about oral contraceptive pills, injectables, IUCDs, condoms, tubectomy, vasectomy and other contraceptive methods. The results were represented as graphs and charts.

Sample Size: Sample size was calculated by taking prevalence of 80% (0.80) on positive attitude towards contraceptive usage as per the study by Qazi M *et al.*

(Reference: Qazi M, Saqib N, Gupta S. Knowledge, attitude and practice of family planning among women of reproductive age group attending outpatient department in a tertiary centre of Northern India. Int J Reprod Contracept Obstet Gynecol 2019., 8:1775-83). The other parameters considered for sample size calculation were 5% (0.05) two-sided alpha error and 5% (0.05) margin of error. The following formula was used to calculate the sample size:

$$N = \frac{(Z_{1-a/2})^{2} P (1-P)}{d}$$

Where,

- $Z_{1-a/2} = Z_{1-0.05/2} = 1.96$ (From Z table) at 5% two-sided alpha error.
- P = Expected prevalence based on previous study.
- d = Margin of error.

$$= \frac{0.6147}{0.0025}$$

As per the above calculation, the minimum sample size required was 246. We collected total sample of 250.

RESULTS AND DISCUSSIONS

A total of 250 women were included in the study, 50% were in the age group of 18-24yrs and 33.6% between 25-34yrs. Majority were Muslims 51.6% and Hindus were 36.8%, Christian were 7.2%, Sikh 1.6% and others were 4.4%. majority were literate, 50%were unemployed. 78.4 % were from urban background, majority were within 10kms from health facility. 52% were second gravida.

84.8% of the women had heard of birth contraceptives and 79.2% had used a method of contraception. Majority of the women learnt about the

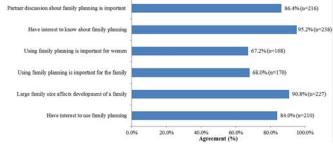


Fig 1:Attitude of contraceptive use in the study population (N=250)

Table 1: Background characteristics of the study population (N=250)

Variables		Frequency	Percentage
Age group	18-24	126	50.4%
	25-34	84	33.6%
	35-45	40	16.0%
Religion	Hindu	92	36.8%
	Muslim	128	51.6%
	Christian	20	7.2%
	Sikh	4	1.6%
	Others	6	4.4%
Education	Not read and write	36	14.4%
	Elementary 1-4 grade	20	7.2%
	Elementary 5-8 grade	26	10.4%
	High school and Preparatory school	114	46.4%
	College and University	54	21.6%
Occupation	Employed	84	33.6%
	Casual labour	40	16.0%
	Unemployed	126	50.4%
Area of residence	Rural	54	21.6%
	Urban	196	78.4%
Monthly income	<= 1000	20	8.0%
	1001-1500	36	14.4%
	1501-2000	28	11.2%
	2001-2500	42	16.8%
	>2500	124	49.6%
Distance from health facility	<5 km	148	59.2%
Distance from ficular facility	5-10 km	56	22.4%
	>10 km	46	18.4%
Number of pregnancies	1	46	18.4%
	2	132	52.0%
	3	34	13.6%
	>=4	38	16.0%
Number of alive children	None	8	3.2%
	1	49	19.6%
	2	126	50.4%
	3	32	12.8%
	>=4	35	14.0%
Number of abortions	None	98	39.2%
	1	107	42.8%
	2	36	14.4%
	3	9	3.6%

Variables		Frequency	Percentage
Ever heard of birth		• •	
contraceptives	Yes	212	84.8%
	No	38	15.2%
Birth contraceptives			
methods heard	Intrauterine device	19	7.6%
methods near a	Condoms	96	38.4%
	Pills	75	30.0%
	Injections	17	6.8%
	Other	5	2.0%
	None	38	15.2%
Ever used a method	Notic	30	15.2%
	Yes	198	79.2%
of contraception		198 52	20.8%
Prof. of the state	No	52	20.8%
Birth contraceptives			=
methods heard	Intrauterine device	14	5.6%
	Condoms	94	37.6%
	Pills	72	28.8%
	Injections	11	4.4%
	Other	7	2.8%
	None	52	20.8%
Learnt about the family			
planning method through	Health workers advice	22	8.8%
	Family and friends	190	75.6%
	Television	30	12.4%
	Social media	8	3.2%
Getting current family			
planning services from	Family planning clinic	20	8.0%
planning services from	Pharmacy/drug shop	84	33.6%
	Government health facility	146	58.4%
Visit of family planning	Government nearth facility	140	36.470
service centre per month	Once	221	88.4%
service centre per montin	1-3 times	27	10.8%
	>3 times	2	0.8%
Spend on family planning	- 1		0.5.00/
method per month	Below 500	240	96.0%
	500-1000	10	4.0%
Anyone explained the advantages and disadvantages of			
the currently using method of family planning	Yes	72	28.8%
	No	178	71.2%
Ever received health education			
about family planning	Yes	22	8.8%
	No	228	91.2%
Noticed any side effects as a result of using			
the family planning method	Yes	78	31.2%
•	No	172	68.8%
Have consulted a health worker	-		
about these side effects (N=78)	Yes	18	23.1%
2222 2022 3000 00000 (11 70)	No	60	76.9%
These side effects will affect use of		00	70.570
contraception in the future (N=78)	Yes	12	15.4%
contraception in the future (N-70)	No.	66	84.6%
		00	04.070

family planning method through family and friends (75.6%). Majority of the women were getting current family planning services from government health facility (58.4%). The visit of family planning centre was only once per month for 88.4% of the women, 1-3 times per month for 10.8% of the women and >3 times per month or 0.8% of the women. 96% of the women spent below Rs. 500 per month on family planning method and 4% spent between Rs.500 to Rs. 1000 per month on family planning method. 28.8% of the women were explained the advantages and disadvantages of the currently using method of family planning by someone. 8.8% of the women had received health education about family planning. 31.2% (n=78) noticed side effect/s as a result of using the family planning method; among those 78 women, 23.1% (n=18) had consulted a health worker about these side effects and 15.4% (n=12) told these side effects will affect their use of contraception in the

86.4% of the women agreed partner discussion about family planning is important, 95.2% had interest to know about family planning, 67.2% agreed using family planning is important for women, 68% agreed using family planning is important for the family, 90.8% agreed large family size affects development of a family and 84% had interest to use family planning.

According to the World Health Organization (WHO), Family Planning (FP) allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Specific competency-based training and continued educational support to the healthcare providers help them to give better awareness about family planning to the people. In India, the spacing methods of contraception, viz. IUCDs (intrauterine contraceptive devices), OCPs (oral contraceptive pills) and Condoms are available at the public health facilities beginning from the subcenter level. Since OCPs, Condoms, and emergency contraceptive pills are not skill-based services, they are made available through trained ASHAs (accredited social health activists) and FMPHWs (female multipurpose health workers)[3].

Specific competency-based training and continued educational support to the healthcare providers help them to give better awareness about family planning to the people.

National Family planning program was started in India since 1952, but still many couples are unaware of these facilities. Therefore, it is the responsibility of the healthcare workers especially at the primary care level to look into the aspect and take essential steps to give adequate awareness and knowledge so as to develop positive attitude towards contraception.

According to Prachi [4] 98% had knowledge about family planning and 94.2% of them had knowledge about

contraceptives. Majority (98%) thought that contraceptive use was beneficial but only 55.2% had used contraceptives and 84% of them were satisfied. Sixty-two percent were currently using contraceptives, 37.9% of them were using oral contraceptives, 37.9% of them were using oral contraceptive pills and 31% were using condoms.

Among 94 participants in a study by Rabbanie^[5] majority (34.1%) of them had two or more children. The mean age of participants was 30.3±4.9 years (Table 1). Almost two-third (68.1%) of participants were married and 29.8% were single by their marital status. All the participants had heard about family planning methods. The major sources of information were trainers (78.8%). About 90.4% of the study participants gave correct response regarding the types of family planning. About 80.1% of the respondents had a favourable attitude toward family planning. Around three-fourths of the study participants practiced one or other method of family planning.

In a study by Shukla M *et al.* A 6 which was a cross-sectional study of 547 women, 498 (i.e. 91%) had knowledge of family planning method. 78% had got the information from family and friends, 13% from mass media, 9% of women had been by health personnel about the various contraceptive options. 62.5% were using contraception, 26.8% resorted to barrier method to prevent an unwanted pregnancy. Most of the women were in the younger age group of 21-30years (62%) and already had one or two children.

CONCLUSION

Reason for inadequate practice of family planning methods are prohibition from husband and family. This study shows lack of health education and knowledge regarding advantages and disadvantages about contraception. To fill this gap awareness programs, advertisements, posters, sex education, preconceptional counselling could be implemented. Ignorance regarding use and side effects of various contraceptive methods is another reason for inadequate practice of family planning methods. Most of them were interested to know about family planning and are willing to use contraception.

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